



Division of Professional Regulation
861 Silver Lake Blvd.
Cannon Building, Suite 203
Dover, Delaware 19904-2467
(302) 744-4500

DUPLICATE RENEWAL NOTICE

DUE DATE: October 31, 2004

Please make your check or money order payable to "State of Delaware." Cash payment is no longer accepted. **RENEWALS POSTMARKED AFTER OCTOBER 31, 2004 REQUIRE PAYMENT OF THE LATE FEE.** Please allow two to four weeks processing time.

The following questions must be answered. If not answered, the application will be considered incomplete and returned:

1. Do you manage a shop? Yes_____ No_____ If Yes, write name, address and phone number of shop:_____
2. If Yes, is your shop registered with the Division of Professional Regulation? Yes_____ No_____
3. Are you currently working in a shop? Yes_____ No_____ If Yes, write name, address and phone number of shop:_____
4. Have you been convicted of any felony within the past five years? Yes_____ No_____
5. Do you have a criminal conviction record or pending criminal charge relating to an offense, the circumstances of which substantially relate to your licensed practice? Yes_____ No_____

I hereby certify that the above information is true and correct.

SIGNATURE:_____ Date:_____

NAME: (Please Print) _____ ☐ CHECK BOX IF NEW ADDRESS

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL: _____

DUE DATE: October 31, 2004

PROFESSION:
Cosmetologist

AMOUNT DUE: \$62.00
LATE FEE: \$31.00

LICENSE NUMBER:
MI - _____

All sections must be completed. Incomplete forms will not be accepted. Make checks payable to the "State of Delaware."